MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.	FILING DATE
APPLICANT(S)	09/830894

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2		/				
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50		/				
TOTAL IND.	↵		↵		↵	
TOTAL DEP.						
TOTAL CLAIMS						

	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		/				
52		/				
53		/				
54		/				
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57		/				
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99						
100						
TOTAL IND.	↵		↵		↵	
TOTAL DEP.						
TOTAL CLAIMS						